

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Marlow

Mailing Address 7821 115th PI NE

City

Kirkland

State

WA

Zip Code

98033-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 21084521

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Alice Josafat

Mailing Address 312 150th St SE

City

Lynnwood

State

WA

Zip Code

98087-6733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 21084522

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR James Sloves

Mailing Address Vista Diagnostic Center
25 McCabe Dr

City

Reno

State

NV

Zip Code

89511-5991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 21105154

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)